

1. Office or Department		2. Location/Building		3. Date	
4. Street Address _____ City _____ State _____ Zip/Postal Code _____ Parish _____		5. Contact Person		6. Phone No. / E-mail Address	
7. Title of Record		8. What Department Calls Record			
9. Description of Record (Include source if not created by office and any other office who receives record from office)					
10. Location of Record					
11. Purpose of Record				12. Is Record Still Created? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
13. Type of Record Original – Location of Duplicates _____ Duplicate – Location of Original _____				14. Is Record Imaged? <input type="checkbox"/> Yes <input type="checkbox"/> No	
15. Record Format <input type="checkbox"/> Letter <input type="checkbox"/> Plans/Drawings <input type="checkbox"/> Printout <input type="checkbox"/> Magnetic Media (indicate type) _____ <input type="checkbox"/> Form # _____ <input type="checkbox"/> Legal <input type="checkbox"/> Video/Audio Tape <input type="checkbox"/> Microfilm <input type="checkbox"/> Publication/Books <input type="checkbox"/> Binder <input type="checkbox"/> Other _____					
16. Filing Method <input type="checkbox"/> Alphabetic <input type="checkbox"/> Numeric <input type="checkbox"/> Chronologic <input type="checkbox"/> Subject <input type="checkbox"/> Alphanumeric <input type="checkbox"/> Geographic <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year <input type="checkbox"/> Other _____					
17. Record Characteristics <input type="checkbox"/> Vital <input type="checkbox"/> Confidential <input type="checkbox"/> Restricted <input type="checkbox"/> Important <input type="checkbox"/> Useful				18. Type of Equipment Use code - see back	
19. Range of Records (e.g. 1/1/98 – 6/30/01, Li – Ru, 200 – 550) _____ through _____		20. Does Record Have Historical/Archival Value? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		21. Volume of Records _____ Filing Inches _____ Cubic Feet	
22. Growth Per Year _____ Filing Inches _____ Cubic Feet		23. Reference Rate times <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other		24. Federal Funds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
25. External Audit Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		26. File Break/Cutoff <input type="checkbox"/> Month <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year <input type="checkbox"/> Academic Year <input type="checkbox"/> Other _____			
27. Department or Office Recommendations (Check all that apply) <input type="checkbox"/> Destroy immediately after cutoff. <input type="checkbox"/> Destroy _____ month(s) or _____ year(s) after cutoff. <input type="checkbox"/> Hold in active file area _____ month(s) or _____ year(s). <input type="checkbox"/> Transfer to _____ department after _____ month(s) or _____ year(s). <input type="checkbox"/> Transfer to Records Center after _____ year(s). <input type="checkbox"/> Transfer to Archives for permanent retention. <input type="checkbox"/> Microfilm for permanent retention after _____ month(s) or _____ year(s).					
28. Justification for Department or Office Recommendations					

Additional Explanation Records Management Inventory Form

Title of Record : _____

Additional Explanation(s) for Item number(s):

<input type="checkbox"/> 1	<input type="checkbox"/> 4	<input type="checkbox"/> 7	<input type="checkbox"/> 10	<input type="checkbox"/> 13	<input type="checkbox"/> 16	<input type="checkbox"/> 19	<input type="checkbox"/> 22	<input type="checkbox"/> 25	<input type="checkbox"/> 28
<input type="checkbox"/> 2	<input type="checkbox"/> 5	<input type="checkbox"/> 8	<input type="checkbox"/> 11	<input type="checkbox"/> 14	<input type="checkbox"/> 17	<input type="checkbox"/> 20	<input type="checkbox"/> 23	<input type="checkbox"/> 26	
<input type="checkbox"/> 3	<input type="checkbox"/> 6	<input type="checkbox"/> 9	<input type="checkbox"/> 12	<input type="checkbox"/> 15	<input type="checkbox"/> 18	<input type="checkbox"/> 21	<input type="checkbox"/> 24	<input type="checkbox"/> 27	

Attach this page to the related Records Management Inventory Form.